

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

(Name of Petitioner)

Case Number: _____

PETITION TO MODIFY CHILD

☐ **PARENTING TIME** (formerly known as
"Visitation" or

☐ **PARENTING TIME AND CHILD SUPPORT**

(Name of Respondent)

I, _____ am the ☐ Petitioner or ☐ Respondent or ☐ Other
(Print your name)
and make the following statements to the court, under oath:

GENERAL INFORMATION:

1. Information about Me

Name: _____

Address: _____

Social Security Number: _____

This is how I am related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

2. Information about the Other Party

Name: _____

Address: _____

Social Security Number: _____

This is how the Other Party is related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

3. Information about the child(ren) for whom I want the parenting time order changed:

Child's Name _____ Child's Name _____

Birth date _____ Age: _____ Birth date _____ Age: _____

Child's Name _____ Child's Name _____

Birth date _____ Age: _____ Birth date _____ Age: _____

4. **Affidavit regarding Minor Child(ren).** ☐ The child(ren) has/have resided in Arizona since the entry of the last Arizona Custody Order or ☐ I have attached an Affidavit regarding Minor Child(ren).

5. **Information about the Order I want to change:** (Check A or B, then complete the information)

A. ☐

The Order is from the Superior Court in Maricopa County.

1. Order/Decree is dated: _____ (month, day, year).

2. The name of the judge who signed the order is: _____

OR

B. ☐

The Order is from the Superior Court in Arizona but from another county or the Order is not from Arizona. The child(ren) has/have lived in Arizona for at least six (6) months before the date I am filing this Petition. I have filed a certified copy of this Order with the Clerk of the Court, and a copy of the order/decreed is attached to this Petition.

Order/decreed is dated: _____ (month, day, year).

Name of state: _____

Name of county in state: _____

6. **Domestic Violence.** ☐ No significant domestic violence has occurred or ☐ domestic violence has occurred. Explain _____

7. **What your Order now says:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) **OR** incorporate the Order which is already a part of the court's file, and attach a copy of the Order to the judge's copy of this Petition and all other parties' copies of this Petition. (I have not attached a copy of the Order to the original Petition.)

8. **Why the Decree/Order should be changed:** These are my reasons why I believe that a change of parenting time is in the best interest of the child(ren) (Use extra pages if necessary):

9. **What you want the changed Order to say:** Explain what you want the changed order to say regarding parenting time and/or child support. (Use extra paper if necessary.)

REQUESTS I MAKE TO THE COURT:

A. PARENTING TIME

1. ☐ Reasonable parenting time to the parent/party who does **not** have custody according to the Maricopa County Parent/Child Parenting time/Access Guidelines. **OR,**
2. ☐ Reasonable parenting time to the parent/party who does **not** have custody according to the Parenting Plan to be submitted at a later time. **OR,**
3. ☐ Supervised parenting time but only in the presence of another person. **OR,**
4. ☐ **No parenting time rights to** ☐ Mother or ☐ Father.

Supervised parenting time or no parenting time is requested for the following reasons:

5. ☐ Other.

- B. ☐ **CHILD SUPPORT.** ☐ Mother or ☐ Father should pay child support to the other party in the amount of \$ _____ per month and payable on the first day of every month, beginning the first day of month following the filing of this Petition based upon the Child Support Worksheet (short version) attached. All child support payments should be made through the Clerk of the Superior Court/Clearinghouse, plus an applicable statutory fee through an automatic Order of Assignment.

- C. ☐ **MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES.** ☐ Mother or ☐ Father should provide medical and dental insurance for the minor child(ren) and that the parties should be ordered to pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes or _____ % by Mother and _____ % by Father.

- D. ☐ **OTHER ORDERS.** I request further Orders relating to this matter as follows:

OATH AND VERIFICATION

STATE OF ARIZONA)

County of Maricopa) sworn statement

I swear under oath, state that I have read this Petition and all the statements are true and correct and complete to the best of my knowledge and belief.

Signature of Person Filing Document

Subscribed and sworn to before me this date: _____
(month, date, year)

My commission expires:

Notary Public